

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563557

FILING DATE

11 OCT 2006

APPLICANT(S)

**CORRECTED**

CLAIMS

**CORRECTED**

BEST AVAILABLE CO.

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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17						
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
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29			1			
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49						
50						
TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	23	←	15	←	←	
TOTAL CLAIMS	23		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						